



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1840-MC-FFS-D

DATE: October 24, 2017

TO: Iowa Medicaid Dentists, Federally Qualified Health Centers (FQHC) and Indian Health Services (IHS)

APPLIES TO: Managed Care (MC) Fee-for-Service (FFS) and Dental

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Adult Dental Redesign Reminders for Dentists

EFFECTIVE: July 1, 2017

Informational Letters [1804-MC-FFS-D](#)¹ and [1788-D](#)² announced the new Dental Wellness Plan covering most adults eligible for a Medicaid dental benefit. The new plan was effective July 1, 2017, and superseded the original Dental Wellness Plan (which was limited only to those adults eligible through the Affordable Care Act's (ACA's) Medicaid Expansion). **This letter has reminders for dentists about what has changed.**

Dental Wellness Plan members have two dental carrier options to choose from, Delta Dental or MCNA Dental. All Dental Wellness Plan members will receive full dental benefits in their first year of eligibility. Members who complete their Dental Healthy Behaviors each year will continue to receive full benefits. Members who do not complete their Dental Healthy Behaviors may be charged a monthly premium.

Comprehensive information on the plan, including links to the dental carriers, healthy behaviors and other important information is on the [Dental Wellness Plan](#)³ web page. We encourage you to familiarize yourself with the details of this program.

As an important reminder, prior authorizations (PA) granted prior to the new Dental Wellness Plan were honored by the dental carriers for the first 90 days of the transition, as long as the service is covered by the dental carrier. This "grace period" is indicated on the PA approval notice. **To receive payment for a service authorized this way, the provider needs to be enrolled with the member's dental carrier and follow other applicable requirements.** If a Dental Wellness Plan member sees a provider who is a registered FFS provider with the IME, but is **not** enrolled with the member's dental carrier, the IME will not pay for those services.

Remember to verify eligibility at the time of service to ensure the member currently has coverage and to verify who is providing that coverage. This must be done at the time the

¹ https://dhs.iowa.gov/sites/default/files/1804-MC-FFS-D_AdultDentalRedesign.pdf

² https://dhs.iowa.gov/sites/default/files/1788-D_MedicaidAdultDentalProgramRedesign.pdf

³ <https://dhs.iowa.gov/dental-wellness-plan>

service is delivered to ensure information is accurate. The presence of a card does not guarantee that the member is *currently eligible* nor does it ensure that the carrier on the card is the member's *current coverage*, as that may change.

To Verify Eligibility providers may simply call the ELVS phone line at: 515-323-9639 (locally in Des Moines) or 1-800-338-7752 (toll-free). The Eligibility and Verification Information System (ELVS) line is very busy during the first of the month. The ELVS web portal is another option for providers in lieu of calling the ELVS line but each provider must enroll through the Electronic Data Interchange Support Services (EDISS). The [ELVS web portal](#)⁴ allows for multiple eligibility checks and batch submission, whereas the ELVS phone system only allows for one at a time. A Login ID and password may be obtained through EDISS by submitting the [Access Request Form](#)⁵ to EDISS or calling EDISS at 1-800-967-7902. For more information, please see Informational Letter [1650-MC](#)⁶.

Who is included in the new Dental Wellness Plan? Most adult Medicaid members age 19 and over; *remember to always check eligibility.*

Who is excluded from the Dental Wellness Plan? Some adult members will not transition to the Dental Wellness Plan and will receive their dental benefits through the Iowa Medicaid FFS dental program. Members in the following programs will not transition to the Dental Wellness Plan:

- Children under the age of 19
- Program of All-Inclusive Care for the Elderly (PACE)
- Health Insurance Premium Payment Program (HIPP)
- Presumptive Eligible
- Persons eligible only for the Medicare Savings Program
- Medically Needy
- Periods of retroactive eligibility
- Nonqualified immigrants receiving time-limited coverage for certain emergency medical conditions

Nothing has changed for kids! Children in the *hawk-i* dental program will continue to receive their dental benefits as they do today. Those benefits are also covered through Delta Dental as the carrier, but the benefits and other aspects of the plan are different. Children in the FFS program, who are under the age of 19, will continue to receive their dental benefits as they have in the past.

The IME appreciates your continued partnership. If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or email at imeproviderservices@dhs.state.ia.us.

⁴ <https://ime-ediss5010.noridian.com/iowaxchange5010/LogonDisplay.do>

⁵ <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>

⁶ https://dhs.iowa.gov/sites/default/files/1650-MC_EligibilityVerificationSystem_CheckingEligibilitywithMCOs.pdf